

# State Training Request Form

Check the training box and complete this form to apply for the following State trainings: **\*\* Earn credit towards WNA Certification**

- ☐ **\*\* Be a Star: Customer Service**
- ☐ **\*\* Cultural Diversity**
- ☐ **\*\* Family Centered Education**
- ☐ **\*\* Participant Centered Individual Education**
- ☐ **\*\* Starting the Dialogue: Group Education - Beginning**
- ☐ **\*\* Starting the Dialogue: Group Education - Intermediate**
- ☐ **\*\* ISIS Basic Part I and II (contact ISIS instructors directly at (916) 928-8511 or (916) 928-8731**
- ☐ **Fit WIC**



For more information about these trainings, refer to the *Training Course Descriptions and Schedule* pages.

Submit your training application to: **Kim Frinzell, RD, Chief**  
Training and Career Development Unit  
California WIC Branch

[Kfrinzel@dhs.ca.gov](mailto:Kfrinzel@dhs.ca.gov)

Phone: (916) 928-8653

Fax: (916) 928-6816

Agency Name: \_\_\_\_\_

Contract Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Title of training: \_\_\_\_\_

Proposed training date(s): \_\_\_\_\_

(Some trainings require follow up in services and workshops)

Number of staff to train: \_\_\_\_\_

Training location: \_\_\_\_\_

(Agencies are required to handle all training logistics)

What are your agency's goals for participating in the training? \_\_\_\_\_

Describe your agency's plans for reinforcing the training principles. \_\_\_\_\_

If you have more than 25 staff, how will you train the remaining staff in your agency? \_\_\_\_\_